

CLAIMS ONLY						Application Number <i>101998511</i>	Filing Date	
						Applicant(s)		
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12	1							
13								
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26								
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33	1							
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41								
42								
43								
44								
45								
46								
47								
48								
49								
50								
Total Indep	2							
Total Depend	36							
Total Claims	38							